

**DC Employees' Health Benefits Program (DCEHB)**  
**Co-Pays At A Glance**  
(Effective January 1, 2006)

Plan Name		Primary Care/Specialist office co-pay	Hospital per stay deductible	Prescription Drugs			Calendar Year Deductible		Mental Health/Substance Abuse	Infertility Treatment
				Generic	Brand name/Non-formulary	Mail order discount				
<b>Cigna (PPO)</b>	<i>In-Network</i>	\$15/\$15	No charge after plan deductible is met for the 1 <sup>st</sup> 180 days	\$10	\$20/\$50	Yes	\$300 single	\$600 family	No charge – Inpatient for 1 <sup>st</sup> 45 days  \$15 Outpatient	\$15 co-pay per office visit
	<i>Out-of-Network</i>	25%/25%	25%	25%	25%	Yes	\$500 single	\$1,000 family	25% of charges	25% of charges
<b>Aetna (HMO) (1)</b>		\$15/\$20	\$150 per day; \$450 maximum	\$10	\$25/\$40	Yes	\$0		\$150 per day; \$450 per admission; \$20 co-pay for Outpatient	50% of covered charges
<b>Kaiser Permanente (HMO) (1)</b>		\$10/\$20 \$0 co-pay for child age 4 and under	\$100	\$10	\$20/\$35	Yes	\$0		\$20 Specialist Visits; \$100 per admission	50% of allowance
<b>MD IPA (HMO) (1)</b>		\$10/\$20; \$0 co-pay for child 12 and under	\$100	\$7	\$25/\$40	Yes	\$0		\$20 Specialist Visits; \$50 Outpatient Hospital	\$10 co-pay per office visit; 50% of covered charges - Specialist

*(1) Requires selection of a PCP.*

*The information presented above is only a summary of health plan co-pays. It is not intended to be a complete representation of the coverage under each plan. There are limitations, restrictions and lifetime maximums for each plan. For complete details, review the plan descriptions available at your servicing personnel office.*

**September 23, 2005**

